

CLAIMS ONLY						Application Number 10 812 387	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend					
1	/	/	/	/	/	51					
2	/	/	/	/	/	52					
3	/	/	/	/	/	53					
4	/	/	/	/	/	54					
5	/	/	/	/	/	55					
6	/	/	/	/	/	56					
7	/	/	/	/	/	57					
8	/	/	/	/	/	58					
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43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
Total Indep	3		3		3						
Total Depend	b		b		b						
Total Claims	9		9		9						